

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10585469

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4		2		1		
5		2		1		
6		2		1		
7		2		1		
8		2		1		
9		2		1		
10		2		1		
11		2		1		
12		2		1		
13		2		1		
14		2		1		
15		2		1		
16		2		1		
17		2		1		
18		2		1		
19		2		1		
20		2		1		
21		2		1		
22		2		1		
23		2		1		
24		2		1		
25		2		1		
26		2		1		
27		2		1		
28		2		1		
29	1		1			
30		1		1		
31		1		1		
32		1		1		
33		1		1		
34		1		1		
35		1		1		
36		1		1		
37		1		1		
38		1		1		
39		1		1		
40		1		1		
41		1		1		
42		1		1		
43		1		1		
44		1		1		
45		1		1		
46		1		1		
47		1		1		
48		1		1		
49		1		1		
50		1		1		
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		2		1		
52		2		1		
53		2		1		
54		2		1		
55		2		1		
56		2		1		
57		2		1		
58		2		1		
59		2		1		
60		2		1		
61		2		1		
62		2		1		
63		2		1		
64		2		1		
65		2		1		
66		2		1		
67		2		1		
68		2		1		
69		2		1		
70		2		1		
71		2		1		
72		2		1		
73		2		1		
74		2		1		
75		2		1		
76		2		1		
77		2		1		
78		2		1		
79		2		1		
80		2		1		
81		2		1		
82		2		1		
83		2		1		
84		2		1		
85		2		1		
86		2		1		
87		2		1		
88		2		1		
89		2		1		
90		2		1		
91		2		1		
92		2		1		
93		2		1		
94		2		1		
95		2		1		
96		2		1		
97		2		1		
98		2		1		
99		2		1		
100		2		1		
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						